## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

| _ | SERIAL NO.   | FILING DATE |
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|   | APPLICANT(S) |             |

CLAIMS

|                 | AS FILED |                  |  | AFTER 1st AMENDMENT                              |  | AFTER        |  |
|-----------------|----------|------------------|--|--|--|--------------|--|
| <u> </u>        | IND.     | DEP.             |  | DEP.   | 2nd AME<br>IND.                                  | DEP.         |  |
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| TOTAL<br>CLAIMS | F           |               |  |  |      |          |
| [ CLAIMS ]      |             |               | Щ.   | LI   | 1    |          |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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